



**REGULAR PARTY COMMITTEE  
STATEMENT OF ORGANIZATION**

State Form 46413 (R5/9-09)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

**(CFA-3)**

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.  
SEE INSTRUCTIONS ON REVERSE SIDE.**

						FILE NUMBER
1. IS THIS AN AMENDMENT? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, please enter the file number in this box →						492340
<b>SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>						
2. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name				3. Acronym or Abbreviated Name (if any)		
Marion County Green Party				MCGP		
4. Mailing Address (Address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address				5. E-mail Address (Optional)		
PO Box 441105				N/A		
6. City	State	ZIP Code	7. FAX (Optional)	8. Telephone	9. Committee Organization Date (MM-DD-YY)	
Indianapolis	IN	46204	( ) N/A	( 317 ) 635-8732	05-01-2003	
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
11. Type of Regular Party Committee (Check one)						
<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Congressional District <input checked="" type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Town						
12. Party Affiliation (Check one)						
<input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other <u>Green</u>						
13. Chairperson's Name <input type="checkbox"/> Check if this is a new chairperson				14. E-mail Address (Optional)		
Bethany Hayes				haybeth2000@yahoo.com		
15. Mailing Address <input type="checkbox"/> Check if this is a new address				16. Telephone (Day)		
1244 N. Illinois St. #311, Indianapolis, IN 46202				( 317 ) 635-8732		
17. Telephone (Evening)				( 317 ) 603-6807		
18. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer				19. E-mail Address (Optional)		
John H. Loflin				johnharrisloflin@yahoo.com		
20. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address				21. Telephone (Day)		
2455 Shelby St. Apt. #1, Indianapolis, IN 46203				( 317 ) 788-6604		
22. Telephone (Evening)				( )		
23. Custodian of Records' Name <input checked="" type="checkbox"/> Check if this is a new custodian				24. E-mail Address (Optional)		
John H. Loflin				johnharrisloflin@yahoo.com		
25. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address				26. Telephone (Day)		
2455 Shelby St. Apt. #1, Indianapolis, IN 46203				( 317 ) 788-6604		
27. Telephone (Evening)				( )		
28. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)						
PNC (Formerly National City)						
<b>SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>						
29. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.				Person Appointed Treasurer		
				John H. Loflin		
				Signature of the Committee Chairperson		
<b>SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>						
30. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.						
31. Typed or Printed Name of Treasurer		Signature of Treasurer		Date (MM-DD-YY)		
John H. Loflin				01-4-11		
<b>SECTION D. CERTIFICATION OF STATEMENT</b>						
I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.						
32. Typed or Printed Name of Chairperson		Signature of Chairperson		Date (MM-DD-YY)		
Bethany Hayes				01-4-11		
<b>Warning:</b> Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).						